

FILED OCT 18 1948

State File No. 32613

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 881

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1708 N. Clay Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether
In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME Edward Robert Popejoy

3. (b) If veteran, No name war No
3. (c) Social Security No

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married Widowed
divorced

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if
alive 7 years

7. Birth date of deceased Sept. 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 4 hr. min.

9. Birthplace Webster County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business Retired Trucker

12. Name James Popejoy
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Derbery
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Stone (Sister)
(b) Address Jericho Springs Mo., Rt. #2

17. (a) Burial (b) Date thereof 10-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield, Missouri

19. (a) 10-15-48 (b) W. Handley
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month October day 12
year 1948 hour 8 minute 10 A.

21. I hereby certify that I attended the deceased from 7-12 1948 to 10-12 1948
that I last saw him alive on Oct. 3 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma
Duration 1 yr.

Due to _____
Due to _____
Other conditions Semility
(Include pregnancy within 3 months of death)
Major findings:
Of operations B
Of autopsy 16

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. E. Zeller (M. D. or other) _____
Address Springfield, Mo. Date signed 10/14/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ogle Stone Jr.

Licensed Embalmer No. *4176*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.